

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/13/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155362		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 09/29/2011	
NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-MERRILLVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 8800 VIRGINIA PLACE MERRILLVILLE, IN46410			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaints IN00094662 and IN00095771 completed on 09/01/11.</p> <p>Complaints IN00094662- not corrected. IN00095771- not corrected</p> <p>Survey dates: September 29, 2011</p> <p>Facility number: 000253 Provider number: 155362 AIM number: 100266660</p> <p>Survey Team: Regina Sanders, RN</p> <p>Census bed type: SNF/NF: 150 Total: 150</p> <p>Census payor type: Medicare: 21 Medicaid: 111 Other: 18 Total: 150</p> <p>Sample: 5</p> <p>These deficiencies reflect state findings</p>			F0000	<p>Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	cited in accordance with 410 IAC 16.2.  Quality review completed on September 30, 2011 by Bev Faulkner, RN						

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F0225 SS=D	<p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review and interview, the facility failed to ensure an allegation of verbal abuse was reported to the Administrator of the facility in a timely manner, related to a CNA hearing</p>			F0225	<p>1. Resident C investigation was completed on September 29, 2011 and the allegation of abuse was unsubstantiated. The employee was terminated related to failure to follow to facility abuse policy on September</p>		10/10/2011

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	<p>someone shouting to a confused resident, "shut up" and then repeatedly telling the resident to shut up without intervening to ensure the safety of the resident for 1 of 3 residents reviewed for abuse in a sample of 5. (Resident #C and CNA #1)</p> <p>The facility also failed to check information from previous and/or current employers related to not obtaining references for 1 of 5 employees hired in the past four months. ( CNA #2)</p> <p>Findings include:</p> <p>1. Resident #C's record was reviewed on 09/29/11 at 12:05 p.m. The resident's diagnoses included, but were not limited to, dementia and psychosis.</p> <p>The resident's Significant Change Minimum Data Set assessment, dated 08/22/11, indicated the resident had a mental status score of 08 (moderately impaired) and had no mood and behavior problems.</p> <p>A Nurses' Note, dated 09/26/11 at 7:33 p.m., indicated, "...Resident becomes easily agitated and argumentative."</p> <p>A Nurses' Note, dated 09/26/11 at 10:36 a.m., indicated, "...Resident agitated, and arguing with CNA's, resident not</p>				<p>30, 2011.</p> <p>CNA #2 references were completed with positive results.</p> <p>2. All residents have the potential to be affected by the same deficient practice .Interview able residents have been interviewed to ensure no further unreported or uninvestigated allegations of abuse exist. All incidents reports over the last 30 days were reviewed to ensure all allegations of abuse were properly identified and investigated. No issues were noted.</p> <p>3. All Staff has been in-serviced on the abuse policy and all steps involved in protecting the resident and reporting as per policy. An abuse post- test has been completed by staff to ensure that the information reviewed regarding abuse is understood and proper steps are written to protect and report per policy. The post- test will be retained in employee's personnel file. Results will be reviewed by the Executive Director/Designee and further education will occur as needed.</p> <p>These abuse post-tests will be used as an ongoing tool to ensure that staff understand their role in the prevention of abuse and resident safety. This tool will be used in Orientation as well as in conjunction with the annual abuse in-service schedule.</p>		

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	<p>cooperative in helping staff."</p> <p>A, "Facility Incident Reporting Form", dated 09/28/11 at 2 p.m., indicated, "...Overheard an argument in the residents (sic) room, heard someone shout to resident 'shut-up.' CNA...did not report her concern until today (Wednesday). Stated this occurred on Monday (09/26/11) after dinner service...CNA could not verify if argument was with res (resident) to res or from a (sic) employee to resident since she was only within hearing range, not visual..."</p> <p>An interview conducted by the Administrator with CNA #1, dated 08/28/11 (sic), indicated, "...overheard (resident name) speaking quietly, an aide told her to shut up the aide kept up taunting her telling her to shut up over and over...This aide was raising her voice...It was very rude."</p> <p>During an interview on 09/29/11 at 1 p.m. with the Administrator, the Assistant Director of Nursing (ADoN), and the RN Corporate Consultant, the Administrator indicated CNA #1 was a new CNA. The Administrator indicated CNA #1 did not tell her she wasn't sure if the person telling the resident to shut up was another resident or a staff member. She indicated she assumed she did not know because</p>				<p>Current employee files have been audited for obtaining reference checks to ensure that our hiring process was followed as per policy. Human resources staff were also educated on the requirement for reference checks to be completed as per policy. Director of Clinical Education has instituted a checklist to initiate the reference checks at the end of the final interview with the applicant.</p> <p>4. The Abuse post-tests will be ongoing in our Orientation and annual abuse education process. The result of these tests will also be reviewed in QA committee to ensure that the process is upholding our abuse policy.</p> <p>The Orientation checklist will be monitored by Executive Director or designee monthly and reviewed in QA committee for 6 months to ensure 100% compliance with reference checks. After 6 months, Executive Director or designee will randomly audit references for newly hired staff to ensure checklist and employee files are maintained and in compliance. This random audit process will be</p>		

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	<p>she could not see the person telling the resident to shut up. She indicated she educated the CNA about the abuse policy and ensuring the resident's safety.</p> <p>During an interview on 09/29/11 at 3 p.m., CNA #1 indicated she was sure it was another CNA who had shouted at the resident to shut up. She indicated after the CNA had shouted at the resident to shut up, the resident told the person not to talk to her that way. CNA #1 indicated said then the person told the resident two to three more times to shut up. She indicated she had not went to see if the resident was safe. She indicated she should have checked on the resident. She indicated she had heard the ADoN talk to someone else about abuse and that is when she realized she should have reported what she had heard.</p> <p>2. Review of CNA #2's personnel file, indicated the CNA had been hired by the facility on 07/05/11. There was a lack of documentation to indicate the facility had obtained references for CNA #2.</p> <p>During an interview on 09/29/11 at 2:40 p.m., the Staff Educational Coordinator, indicated she had not obtained references on CNA #2.</p> <p>This deficiency was cited on 09/01/11.</p>				ongoing.		

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F0226 SS=D	<p>The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint number IN00094662 and IN00095771.</p> <p>3.1-14(a) 3.1-28(c) 3.1-28(d)</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on record review and interview, the facility failed to follow their policy for abuse, related to Administrator notification of an allegation of verbal abuse, protection for a resident, and screening of a staff member for 1 of 3 residents reviewed for abuse allegations in a sample of 5 (Resident #C and CNA #1) and 1 of 5 employee records reviewed for screening (CNA #2).</p> <p>Findings include:</p>			F0226	<p>1. Resident C investigation was completed on September 29, 2011 and the allegation of abuse was unsubstantiated. The employee was terminated related to failure to follow to facility abuse policy on September 30, 2011.</p> <p>CNA #2 references were completed with positive results.</p> <p>2. All residents have the potential to be affected by the same deficient practice .Interview able residents</p>		10/10/2011

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	<p>1. Resident #C's record was reviewed on 09/29/11 at 12:05 p.m. The resident's diagnoses included, but were not limited to, dementia and psychosis.</p> <p>The resident's Significant Change Minimum Data Set assessment, dated 08/22/11, indicated the resident had a mental status score of 08 (moderately impaired) and had no mood and behavior problems.</p> <p>A Nurses' Note, dated 09/26/11 at 7:33 p.m., indicated, "...Resident becomes easily agitated and argumentative."</p> <p>A Nurses' Note, dated 09/26/11 at 10:36 a.m., indicated, "...Resident agitated, and arguing with CNA's, resident not cooperative in helping staff."</p> <p>A, "Facility Incident Reporting Form", dated 09/28/11 at 2 p.m., indicated, "...Overheard an argument in the residents (sic) room, heard someone shout to resident 'shut-up.' CNA...did not report her concern until today (Wednesday). Stated this occurred on Monday (09/26/11) after dinner service...CNA could not verify if argument was with res (resident) to res or from a (sic) employee to resident since she was only within hearing range, not visual..."</p>				<p>have been interviewed to ensure no further unreported or uninvestigated allegations of abuse exist. All incidents reports over the last 30 days were reviewed to ensure all allegations of abuse were properly identified and investigated. No issues were noted.</p> <p>3. All Staff has been in-serviced on the abuse policy and all steps involved in protecting the resident and reporting as per policy. An abuse post- test has been completed by staff to ensure that the information reviewed regarding abuse is understood and proper steps are written to protect and report per policy. The post- test will be retained in employee's personnel file. Results will be reviewed by the Executive Director/Designee and further education will occur as needed.</p> <p>These abuse post-tests will be used as an ongoing tool to ensure that staff understand their role in the prevention of abuse and resident safety. This tool will be used in Orientation as well as in conjunction with the annual abuse in-service schedule.</p> <p>Current employee files have been audited for obtaining reference checks to ensure that our hiring process was followed as per policy. Human resources staff were also educated on the requirement for reference checks to be completed as</p>		



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	<p>An interview conducted by the Administrator with CNA #1, dated 08/28/11 (sic), indicated, "...overheard (resident name) speaking quietly, an aide told her to shut up the aide kept up taunting her telling her to shut up over and over...This aide was raising her voice...It was very rude."</p> <p>During an interview on 09/29/11 at 1 p.m., with the Administrator, the Assistant Director of Nursing (ADoN), and the RN Corporate Consultant, the Administrator indicated CNA #1 was a new CNA. The Administrator indicated CNA #1 did not tell her she wasn't sure if the person telling the resident to shut up was another resident or a staff member. She indicated she assumed she did not know because she could not see the person telling the resident to shut up. She indicated she educated the CNA about the abuse policy and ensuring the resident's safety.</p> <p>During an interview on 09/29/11 at 3 p.m., CNA #1 indicated she was sure it was another CNA who had shouted at the resident to shut up. She indicated after the CNA had shouted at the resident to shut up, the resident told the person not to talk to her that way. CNA #1 indicated said then the person told the resident two to three more times to shut up. She</p>				<p>per policy. Director of Clinical Education has instituted a checklist to initiate the reference checks at the end of the final interview with the applicant.</p> <p>4. The Abuse post-tests will be ongoing in our Orientation and annual abuse education process. The result of these tests will also be reviewed in QA committee to ensure that the process is upholding our abuse policy.</p> <p>The Orientation checklist will be monitored by Executive Director or designee monthly and reviewed in QA committee for 6 months to ensure 100% compliance with reference checks. After 6 months, Executive Director or designee will randomly audit references for newly hired staff to ensure checklist and employee files are maintained and in compliance. This random audit process will be ongoing.</p>		

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	<p>indicated she had not went to see if the resident was safe. She indicated she should have checked on the resident. She indicated she had heard the ADoN talk to someone else about abuse and that is when she realized she should have reported what she had heard.</p> <p>2. Review of CNA #2's personnel file, indicated the CNA had been hired by the facility on 07/05/11. There was a lack of documentation to indicate the facility had obtained references for CNA #2.</p> <p>During an interview on 09/29/11 at 2:40 p.m., the Staff Educational Coordinator, indicated she had not obtained references on CNA #2. She indicated the facility's abuse policy had not been followed.</p> <p>A facility policy, titled,, "Verification of Investigation of Alleged Mistreatment, Abuse, Neglect, Injuries of Unknown Source and Misappropriation of Resident Property Guideline", dated 01/11, and received as current from the Administrator, indicated, "...It is the responsibility of all employees to immediately report any alleged violation of abuse...It is also the policy of this center to take appropriate steps to ensure that all alleged violations...are reported immediately to the executive director of the center...Staff Screening All applicants</p>						

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	<p>for employment in the center shall, at a minimum, have the following screening checks conducted: Reference checks with the current and/or past employer...Resident protection...An employee or family, friend or visitor-the ED (Executive Director) places the employee on immediate investigatory (sic) suspension while completing the investigation...If it is a family member, visitor or friend, they will not be allowed to visit the resident until the investigation is completed...Reporting: any employee who suspects an alleged violation immediately notifies the ED, or designee..."</p> <p>This deficiency was cited on 09/01/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to Complaints IN00094662 and IN00095771.</p> <p>3.1-14(a) 3.1-28(a)</p>						

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